

SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30				1. REQUISITION NUMBER SP0600-04-D-1370, and Amds		PAGE 1 OF 32	
2. CONTRACT NUMBER		3. AWARD/EFFECTIVE DATE	4. ORDER NUMBER		5. SOLICITATION NUMBER SP0600-04-R-0099		6. SOLICITATION ISSUE DATE
7. FOR SOLICITATION INFORMATION CALL:		a. NAME Dee Blocker (DESC-AIP)			b. TELEPHONE NUMBER (no collect calls) 703-767-9412		8. OFFER DUE DATE/ LOCAL TIME
9. ISSUED BY CODE DEFENSE ENERGY SUPPORT CENTER DESC-AIP 8725 John J. Kingman Road, Suite 4950 P.P. 8.1 Ft. Belvoir, Virginia 22060-6222 BUYERS/SYMBOL: Dee Blocker (DESC-AIP) PH: 703-767-9412 FAX: 703-767-8757 EMAIL: dee.blocker@dla.mil/				10. THIS ACQUISITION IS <input type="checkbox"/> UNRESTRICTED <input checked="" type="checkbox"/> SET ASIDE 100 % FOR <input checked="" type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> SMALL DISADV <input type="checkbox"/> 8(A) NAICS: 541690 SIZE STANDARD: \$6,000,000		11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED <input checked="" type="checkbox"/> SEE SCHEDULE	12. DISCOUNT TERMS
15. DELIVER TO CODE SEE BLOCK 9				16. ADMINISTERED BY SEE BLOCK 9		CODE	
17a. CONTRACTOR/ OFFEROR CODE Company Name: Company Address: POC: Phone: _____ FAX: _____ E-Mail: _____ DUNS: _____ Cage Code: _____ Bidder Code: _____		FACILITY CODE		18a. PAYMENT WILL BE MADE BY CODE DEFENSE FINANCE AND ACCOUNTING SERVICE ATTN: DFAS-BVDGB/CC P. O. BOX 182317 COLUMBUS, OH 43218-2317			
<input type="checkbox"/> 17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER				18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a. UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM			
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES			21. QUANTITY	22. UNIT	23. UNIT PRICE	24. AMOUNT
	*To be determined on each individual task order						
25. ACCOUNTING AND APPROPRIATION DATA To be provided at time of award						26. TOTAL AWARD AMOUNT (For Govt. Use Only)	
<input type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. <input type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED							
<input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN ___1___ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS AND CONDITIONS SPECIFIED HEREIN.				<input type="checkbox"/> 29. AWARD OF CONTRACT: REFERENCE _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION SP0600-04-R-0099, INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: _____			
30a. SIGNATURE OF OFFEROR/CONTRACTOR				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)			
30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)			30c. DATE SIGNED	31b. NAME OF CONTRACTING OFFICER (TYPE OR PRINT)		31c. DATE SIGNED	
32a. QUANTITY IN COLUMN 21 HAS BEEN <input type="checkbox"/> RECEIVED <input type="checkbox"/> INSPECTED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED				33. SHIP NUMBER		34. VOUCHER NUMBER	35. AMOUNT VERIFIED CORRECT FOR
				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			
32b. SIGNATURE OF AUTHORIZED GOVT. REPRESENTATIVE			32c. DATE	36. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL			37. CHECK NUMBER

		38. S/R ACCOUNT NUMBER	39. S/R VOUCHER NUMBER	40. PAID BY
32d/eg. PRINTED NAME, TITLE, ADDRESS & EMAIL OF GOV REP.	32f. PHONE # OF GOV REP	42a. RECEIVED BY (<i>Print</i>)		
41a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT		42b. RECEIVED AT (<i>Location</i>)		
41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER	41c. DATE	42c. DATE REC'D (YY/MM/DD)	42d. TOTAL CONTAINERS	

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STANDARD FORM

Prescribed by GSA FAR

(48 CFR) 53.212